

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mail piece or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>William R. Dill, Ph.D. 25 Birch Lane Cumberland Foreside, ME 04110</p>		<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>10/20</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, enter delivery address below:</p>	
		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </p>	
		<p>4. Restricted Delivery? (Extra fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number</p> <p>7002 2030 0002 9087 2129</p>			
<p>PS Form 3810, August 2001</p>		<p>Domestic Return Receipt 102595-02-M-1549</p>	